

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KL	0208/00	
O.I.P.E. CLASSIFIER	HA	45	3/1/
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	DM	70223	4-25-00

098050223

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	4/1/00
2	✓
3	
4	N
5	✓
6	N
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14	✓
15	O
16	N
17	✓
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20	N
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24	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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